



Participant's Name : \_\_\_\_\_ (one child per form)

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## Northampton Parks & Recreation Department – Summer Camp Enrollment Fee Form

Non-Residents add \$10 to the fee – each participant, per session registered. Max of \$50 per household.

CURRENT IMMUNIZATIONS AND PHYSICAL  
RECORDS MUST ACCOMPANY THIS FORM, AS  
REQUIRED BY THE STATE OF MASSACHUSETTS.

**NO CAMP ON:**  
**FRIDAY, JULY 3<sup>rd</sup>, 2015**

Please Circle:

Resident    Non-Resident

### **SAFETY VILLAGE** (Non residents add \$10 per session)

1	6/29 - 7/10	_____ \$135 (no camp 7/3)
2	7/13– 7/24	_____ \$150
3	7/27 – 8/7	_____ \$150

### **CAMP KIDZONE –** (Non residents add \$10 per session)

1	6/29 – 7/2	_____ \$124	Extended Day _____ \$16 (no camp 7/3)
2	7/6 – 7/10	_____ \$155	Extended Day _____ \$20
3	7/13 – 7/17	_____ \$155	Extended Day _____ \$20
4	7/20 – 7/24	_____ \$155	Extended Day _____ \$20
5	7/27 – 7/31	_____ \$155	Extended Day _____ \$20
6	8/3 – 8/7	_____ \$155	Extended Day _____ \$20
7	8/10 – 8/14	_____ \$155	Extended Day _____ \$20

### **TEEN EXPEDITIONS** (Non residents add \$10 per session)

1	6/29 – 7/2	_____ \$148 (no camp 7/3)
2	7/6 – 7/10	_____ \$185
3	7/13 – 7/17	_____ \$185
4	7/20 – 7/24	_____ \$185
5	7/27 – 7/31	_____ \$185
6	8/3 – 8/7	_____ \$185
7	8/10 – 8/14	_____ \$185

### **CAMP HAMP** (Non residents add \$10 per session)

1	6/29 – 7/2	_____ \$140	Extended Day _____ \$16 (no camp 7/3)
2	7/6 – 7/10	_____ \$175	Extended Day _____ \$20
3	7/13 – 7/17	_____ \$175	Extended Day _____ \$20
4	7/20 – 7/24	_____ \$175	Extended Day _____ \$20
5	7/27 – 7/31	_____ \$175	Extended Day _____ \$20
6	8/3 – 8/7	_____ \$175	Extended Day _____ \$20
7	8/10 – 8/14	_____ \$175	Extended Day _____ \$20

**Look Park Passes are only needed for Camp KidZone and Camp Hamp.**

**Summer Program Pass:** A discounted \$20 Look Park/Northampton Parks & Recreation *Camp KidZone & Camp Hamp ONLY* Pass will be available at Parks & Rec Office only. These passes will be good for entrance into Look Park from 7:45am – 5:15pm, Monday – Friday while you are registered for the program. The pass must be in vehicle and shown to ranger upon entering the park. Regular Look Park season passes are available for \$43 for residents and \$51 for non-residents with discounts for second pass. For details visit [lookpark.org](http://lookpark.org).

**Program Total:** \_\_\_\_\_

**Non-Resident Fee Total:** \_\_\_\_\_

**Grand Total:** \_\_\_\_\_



## **Northampton Parks & Recreation - Summer Day Camp Registration Form**

### **Participants Information – ONLY ONE PARTICIPANT PER FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex (circle) M F Grade entering **Fall 2015**: \_\_\_\_\_ School currently attending : \_\_\_\_\_

Special Health Conditions: \_\_\_\_\_

### **Parent/Guardian 1 Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Parent/Guardian 2 Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Emergency Contact (Other than parent, we always try to contact the parent first)**

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

### **TRANSPORTATION**

In addition to the parents/guardians my child will be dropped off and picked up by the following AUTHORIZED individuals.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

This forms acts as permission for your child to arrive/depart from the program by the individuals listed above.

### **BIKE OR WALK**

If you wish for your child to arrive or depart by walking or riding a bike, please indicate below. Please provide an explanation and identify the alternate form of transportation and the route the child will take. \_\_\_\_\_

### **PHOTOGRAPHS**

May Northampton Parks & Recreation use photos of you or your family members for brochure, website, and promotional use? \_\_\_\_\_ yes \_\_\_\_\_ no



### **PAYMENT/ CHANGE IN REGISTRATION /REFUND POLICY**

- ALL REGISTRATIONS MUST INCLUDE THIS PACKET (ALL FOUR PAGES),  
CURRENT IMMUNIZATION AND PHYSICAL RECORDS.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**Total Amount Due :** \_\_\_\_\_ (see page 1 for sessions & fees)

**Charge my:**   **VISA** \_\_\_\_\_      **Mastercard** \_\_\_\_\_      **Discover** \_\_\_\_\_

**Card # :** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Name on Card :** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration form with Fee \_\_\_\_\_  
Immunization & Physical Records \_\_\_\_\_  
Consent Waiver \_\_\_\_\_  
Parent Information Packet Given: \_\_\_\_\_  
Date given: \_\_\_\_\_ Staff initials: \_\_\_\_\_  
Safety Village Schedule Given: \_\_\_\_\_ staff \_\_\_\_\_  
KidZone Calendar Given: \_\_\_\_\_ staff \_\_\_\_\_  
Camp Hamp Calendar Given: \_\_\_\_\_ staff \_\_\_\_\_  
TEX Calendar Given: \_\_\_\_\_ staff \_\_\_\_\_

[illegible]

**PARENTAL CONSENT FORM**

I/we \_\_\_\_\_ have read the parent information packet regarding the 2015 Summer Recreation Program sponsored by the Northampton Parks & Recreation Department. I/we hereby grant permission to my son/daughter \_\_\_\_\_ to participate in the \_\_\_\_\_ program and all activities and/or trips associated with the program. My son/daughter is fully aware of the conditions and responsibilities placed upon them by participating. I/we hereby waive and release the City of Northampton, Parks & Recreation Department staff, its sponsors and or/designees from responsibility of injury(s) relating to this program.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date**EMERGENCY MEDICAL RELEASE FORM**

In the event that I/we cannot be reached in case of an emergency, I/we authorize any and all medical and/or surgical treatments, which are deemed advisable by emergency physicians and or surgeons for my child \_\_\_\_\_ (print child's name). I/we also recognize that the patient when admitted is to remain in hospital care until his or her physician recommends the patient's discharge.

In the event of an injury requiring medical attention, ambulance transportation will be used at the expense of the injured participant's family unless parents can be reached and alternate transportation arranged. Northampton Parks & Recreation staff and/or rented buses will NOT transport an injured child.

I/we have read and understand the above.

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ # \_\_\_\_\_

The Parks & Recreation Department policies for health care, discipline and others are available for review. If you would like a copy please call us and we would be happy to send you your request.

**Northampton Parks & Recreation Department ~ 90 Locust St., Northampton, MA 01060 ~ 413-587-1040**  
**[www.northamptonma.gov/recreation](http://www.northamptonma.gov/recreation)**